

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034049

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

Registrar's No.

8508

STATE FILE NUMBER

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

11-14-63

Bernard Rogers

Bernard Rogers

11-14-63

8-19-1963

8-20-1963

DOCUMENT

BY AFFIDAVIT OF Funeral Director

FILED AUG 29 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis, Mo.

Length of stay in 1b
3 Wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill b. COUNTY Hardin

c. CITY OR TOWN Cave In Rock

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Alexian Bros. Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Bernard Bernard

Rogers

4. DATE OF DEATH

Month

Day

Year

August 19, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5-9-1904

9. AGE (last birthday)
59

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Hospital Attendant

10b. KIND OF BUSINESS OR INDUSTRY
Hospital

11. BIRTHPLACE (City and state or country)
Saline County, Ill.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Ellis Rogers

13b. MOTHER'S MAIDEN NAME

Jennetta Davis

14. NAME OF HUSBAND OR WIFE

Mabel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No. Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mabel Rogers, Cave In Rock, Illinois.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

B. latum pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Uremia, anuria

2 yrs.

DUE TO (c)

Chronic nephritis

10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
592X

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1959 to August 20 and last saw her alive on Aug 20, 1963. Death occurred at 2:21 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
J. H. Hoppe, M.D.

22b. ADDRESS
2625 Telegraph

22c. DATE SIGNED
8-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
8-23-63

23c. NAME OF CEMETERY OR CREMATORY
Rogers Cemetery

23d. LOCATION (City, town, or county) (State)
Hardin County, Illinois.

24. FUNERAL DIRECTOR ADDRESS
Albert H. Hoppe Inc., 4700 Washington, Blvd

25. DATE RECD. BY LOCAL REG.
AUG 21 1963

REGISTRAR'S SIGNATURE
Road Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4108

P. O. Address Blount

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.